

Alabama Board of Nursing
P.O. Box 303900, Montgomery, AL 36130-3900
1-800-656-5318 <http://www.abn.alabama.gov>

NOTE: The application is not complete until all of the required information has been received.

Agency Information	
Agency	
Address	
Contact Person	
Phone	
Email address	
Title of the Standardized Procedure	
Projected Date of Implementation	

Standardized Procedure applies to the following staff		Procedure Restrictions and/or limitations	
License Type	Check all that apply/add information	License Type	Check all that apply/add information
RN		RN	
LPN		LPN	
Other		Other	

Provide information for each section and/or attach the required documents as indicated below	Each section must be completed and/or the information attached to the application upon submission
Procedure Name	
Purpose of the Procedure	
Rationale for nurse to perform the Procedure	
Background information related to the new procedure (why is the procedure needed, how was it previously done etc.)	

Provide information for each section and/or attach the required documents as indicated below	Each section must be completed and/or the information attached to the application upon submission
<p><u>Policy and Procedure</u> Signed Policy and Procedure for the Standardized Procedure must be signed by the CMO, CNO, and CEO Include:</p> <ul style="list-style-type: none"> • Nurse's qualifications to perform the procedure after training and competency validation (education/certification; CE and other instruction after being taught the procedure. Clinical background if pertinent • Level of Supervision required for nurse to perform the procedure • Physician availability required related to performing the procedure (e.g.; physically present? on-site? Phone? Other?) • List contraindications and limits to performing the procedure • Where will the procedure be performed • Describe skill/ procedure <u>in detail.</u> (As pertinent to the procedure, include: patient condition or exam finding, min/max parameters of lesions; anatomic landmarks, treatment location options [if any]; required device or equipment, device size range, minimum / maximum, if applicable, etc.; technique; expected results or confirmatory findings; prevention and treatment of complications: aftercare and follow-up if indicated) 	<p>A copy of the signed procedure must be included with the application. Failure to submit the P&P will result in the application being returned.</p>

Provide information for each section and/or attach the required documents as indicated below	Each section must be completed and/or the information attached to the application upon submission
<p><u>Organized Program of Study</u> Plan for organized program related to the procedure requested. Describe fully and in detail Include:</p> <ul style="list-style-type: none"> • Intended learning outcomes in measureable behavioral objectives (define, list, recall etc.) • Evaluation tools of the objectives to include the test and answer key • Instructor qualifications to teach the procedure (education/certification; CE and other instruction) • Didactic teaching methods, independent study, classroom or both (how, list venue(s), etc.) • Hands on experience or practice required • Competency validation requirements and plan for supervised practice (to include observation, or direct supervision). Specify number of procedures needed for initial training and on-going competency validation. Include the essential performance for competency validation to occur (Attach check-off sheets etc.) • Program evaluation, immediate and on-going (Include copies of evaluation methods) 	<p>The application must include a detailed plan related to the organized program of study for this procedure.</p> <p>Failure to submit the organized plan of study in its entirety shall result in the application being returned.</p>

Required Signatures: The signature of each individual below attests that you have reviewed the application in entirety, have knowledge of the components of the application, and approved the standardized procedure involving patient care beyond the basic nursing education of licensed nurses in your facility as listed in the application above.

Chief Nursing Officer: _____ Date: _____
RN License Number: _____

Chief Medical Officer: _____ Date: _____
MD License Number: _____

Chief Executive Officer: _____ Date: _____

